

Died at Hagersstown Washington MARYLAND
 Town County
 Date 1902 June 2 Y. M. D. Age 1 Native of America
 Month Day
~~Male~~ White ~~Marr~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name Albert Baker Mother's Maiden Name Eda C. Cook

Cause of Death { Primary Aschemia — How long sick 2
 { Immediate Card — Accident, Suicide, Homicide

Reported by

A. P. Phant 151

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George Baker

Died at ^{Town} Washington Co. ^{County} Alushaus Washington MARYLAND

Date 1902 ^{Month} June ^{Day} 21 ^{Y.} Age 18 ^{M.} ^{D.} ^{Native of} D.C. ^{Occupation} Laborer

~~Female~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

6 mos

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. B. Morrison

Address

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Catharin B. Bowman

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

June 9

Age

81-2-27

Native of

Maryland

Occupation

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

ColoredSingleWidower

Number of children living

1

Husband
of

Wife

George H. Bowman

Father's

Name

Philip Greenwalt

Mother's

Maiden Name

Susan Small

Cause of

Primary

Bronchocela

How long sick

10 days

Death

Immediate

Dyspnea

51

Accident, Suicide, Homicide

Reported by

A. P. Hunter

Address

Hagerstown,

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

Roberson
Town

Bridges
County

Died at

MARYLAND

Hancock
Month Day

Wash.
Y. M. D.

1902 June 16
Date

Age 1

Native of Md.

Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Llewellyn Bridges

Mother's Name Nina Roberson

Maiden Name

Cause of

Primary

Cholera

Colitis

How long sick

10 days.

Death

Immediate

Intussusception

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles Frederick Burger,

Town

County

Died at

MARYLAND

Heagertown Washington
 Month Day Y. M. D. Native of Occupation
 Date 1902 June 14 Age 35-1- Md Dealer
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John T. Carson
 Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date 1902 ^{Month} 6 ^{Day} 3 | Age 69 ^{Y.} 2 ^{M.} 2 ^{D.} 7 | Native of | Occupation

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Died at

Date 1902

Male

Husband of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Samuel Cleggette

Town

County

Ashton

Wash

MARYLAND

June 25

Age 71-3-20

md

Farmer

Female

White

Married

Widow

Divorced

Number of children living

three

Elizabeth Shuppe

Maiden Name

Cancer

45

How long sick

Exhaustion

Accident, Suicide, Homicide

Egan Bros was treated at
Clear Spring Baltimore Hampo
Undertaker of this Sanitarium



Name In Full

Certificate of Death

Howard B. Cook

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6 25

Age 28

None

Invalid

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Wm B Cook

Mother's

Maiden Name

Mary S. Snodgrass

Cause of

Primary

Tuberculosis Pulmonary

How long sick

27

Death

Immediate

+ Laryngeal.

Accident, Suicide, Homicide

Reported by

A. S. Mason

Address

Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Ann Sophronia Dick				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Sharpsburg</u> <small>Town</small>		<u>Washington</u> <small>County</small>		MARYLAND	
		Date of death 190 <u>2</u>	Month <u>June</u>	Day <u>12</u>	Years <u>65</u>	Months	Days
		Sex <u>Female</u>	Color <u>White</u>		Birth-place <u>Sharpsburg</u>		
		<input checked="" type="checkbox"/> Married, Single		Occupation			
		<input checked="" type="checkbox"/> Widowed					
		Name of Wife or Husband <u>George Dick</u>					
		Father's Name <u>John Himes</u>				Father's Birthplace	
		Mother's Maiden Name <u>Sarah Shroyer</u>				Mother's Birthplace <u>Frederick Co</u>	
		Name of person giving information <u>Mrs Larra Arty</u>				How related to deceased <u>daughter</u>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Hemiplegia</u>				How long <u>Five days</u>	
						How long	
		Immediate					
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>J. H. Guentert</u>	
				Address <u>Sharpsburg, Md.</u>			
Accident or Suicide?							

Chas. F. Wade
Undertaker

Name
In
Full

Samuel Brenner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sharpstown</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>June</u> ^{Month}	<u>27</u> ^{Day}	Age <u>75</u> ^{Years}	<u>3</u> ^{Months}	<u>6</u> ^{Days}
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place	
Married, <u>Single</u> or Widowed		Occupation <u>Boatman</u>			
Name of Wife <u>Harriett Brenner</u>					
Father's Name <u>Henry Brenner</u>			Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>Susan Miller</u>			Mother's Birthplace <u>not known</u>		
Name of person giving information <u>Elizabeth Reynolds</u>			How related to deceased <u>sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>General debility following</u> <u>influenza</u>	How long <u>About 2 wks.</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>E. M. Garrett</u>
	Address <u>Sharpstown Ind.</u>
Accident or Suicide?	

Chas. S. Hade
Undertaken

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hagerstown</i> ^{Town}		<i>Wash</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	<i>June</i> ^{Month}	<i>12</i> ^{Day}	Age <i>still born</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Lewis E Emdle</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Bessie K Crowe</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>still born</i>	How long	<i>D.</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E E Mank</i>	
		Address <i>1847 Wisconsin Ave</i>	
Accident or Suicide? <i>—</i>			



Infant

MARYLAND

Died at ^{Town} *Bonsboro*^{County} *Wash*Date 19 *02*
Month *6* Day *5*Y. M. D. Age *still born*

Native of

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
Name*Harry Fiske*Mother's
Maiden Name*Julia Fiske*

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

L. S. Davis M.D.

Address

*Bonsboro**Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Charles E Foxenberger

Town

County

MARYLAND

Died at

Haysston Wash

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

6 25

Age

27 10 11

Md

Sand Blower

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

not any

Husband

of

Wife

Martha Williams

Father's

Mother's

Name

Andrew Foxenberger

Maiden Name

Mary E Powell

Cause of

Primary

Tuberculosis

How long sick

4 mos

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

E A Marchman

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Joseph Franklin Keedy

Died at

Eakles Mill

Town

County

Washington

MARYLAND

Date 1902

Month Day

6 - 27

Age 23.

Y.

M.

D.

10. 12

Native of

Md.

Occupation

Express Driver

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Josephus O Keedy

Martha A Keefauver

Cause of

Primary

Death

Immediate

Typhoid Fever

Intestinal Hemorrhage

How long sick

Two weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

H. M. Nixson M.D.

Keedyville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Guy B. Knode

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Bridgeport		^{County} Washington		MARYLAND	
Date of death 190	2	Month	June	Day	4
Age	6	Years		Months	9
				Days	25
Sex	Male		Color or Race	White	
			Birth-place	Va Va	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name			William Knode		Father's Birthplace
Mother's Maiden Name			Blanche Wiley		Mother's Birthplace
Name of person giving information			Parents		How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Articular Rheumatism complicated by meningitis	How long	About 2 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		G. M. Gannett	
		Address	
		Shenandoah, Md.	
Accident or Suicide?			

Eugene Morker
Undertaker.

Name
in
Full

Charles Long

CERTIFICATE OF DEATH

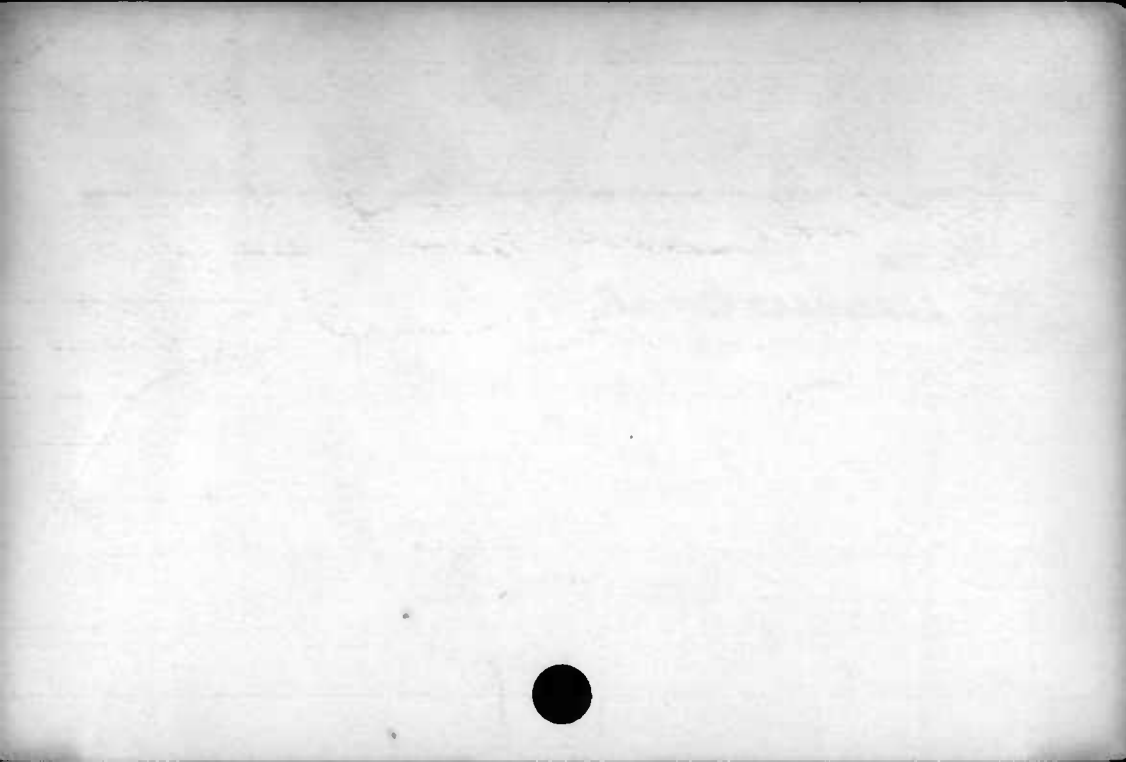
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brownstown</u> <u>Washington</u> County <u>MARYLAND</u>	
Date of death 190 <u>June</u> <u>11</u> <u>81</u>	Age <u>81</u> <u>1</u> <u>8</u>
Sex <u>Male</u> Color or Race <u>White</u>	Birth-place <u>Maryland</u>
Married, Single or Widowed <u>Widower</u>	Occupation <u>Farmer</u>
Name of Wife or Husband <u>John Long</u>	
Father's Name <u>John Long</u>	Father's Birthplace <u>Maryland</u>
Mother's Maiden Name <u>Elizabeth Seussal</u>	Mother's Birthplace <u>Maryland</u>
Name of person giving information <u>Georgina Long</u>	How related to deceased <u>Daughter</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cystitis & Prostatitis</u> <u>123</u>	How long <u>Six months.</u>
Immediate <u>Hemorrhage & Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. Hubert Wade, M.D.</u>
	Address <u>Brownstown - Wash. Co. Md.</u>
<u>Accident or Suicide?</u>	



Name in Full

Certificate of Death

Name in Full *Chas. McCreedy*
 Died at *Beaver Creek* Town *Washington* County *MARYLAND*
 Date 19 *02* Month *June* Day *7* Y. *1* M. *10* D. *15* Native of *America* Occupation _____
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒ Number of children living _____
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living _____
 Husband of _____
 Wife _____
 Father's Name *Thos H McCreedy* Mother's Name *Emm R. Keith*
 Cause of Death { Primary *Meningitis* Immediate *Cardiac Failure* } How long sick *36 hrs*
 Accident, Suicide, Homicide _____
 Reported by *A. P. Shaffer*
 Address *Hagerstown, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Chas McCusker
 Died at *Hamont* ^{Town} *Nash.* ^{County} MARYLAND
 Date 1902 *June* ^{Month} *10* ^{Day} Age *46* ^{Y.} ^{M.} ^{D.} *md* ^{Native of} *Laborer* ^{Occupation}
 Male ^{White} ~~Married~~ ^{Widow} ~~Divorced~~
~~Female~~ ~~Colored~~ ^{Single} ^{Widower} ^{Number of children living}

Husband of _____

Wife _____

Father's Name *Jacob McCusker* Mother's Name *Ellen Bishop*

Cause of Death { Primary *Small pox* How long sick *2 wks*
 Immediate ~~Accident, Suicide, Homicide~~

Reported by *Ed West*Address *Hamont Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Anna Funk Martin

Town

County

Died at

Hagerstown Washington MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6

12

Age

75

Pa

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Five

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Stephen G. Martin

John Funk

Alice Barr

Cause of

Primary

Senility

How long sick

5 wks

Death

Immediate

Accident, Suicide, Homicide

Reported by

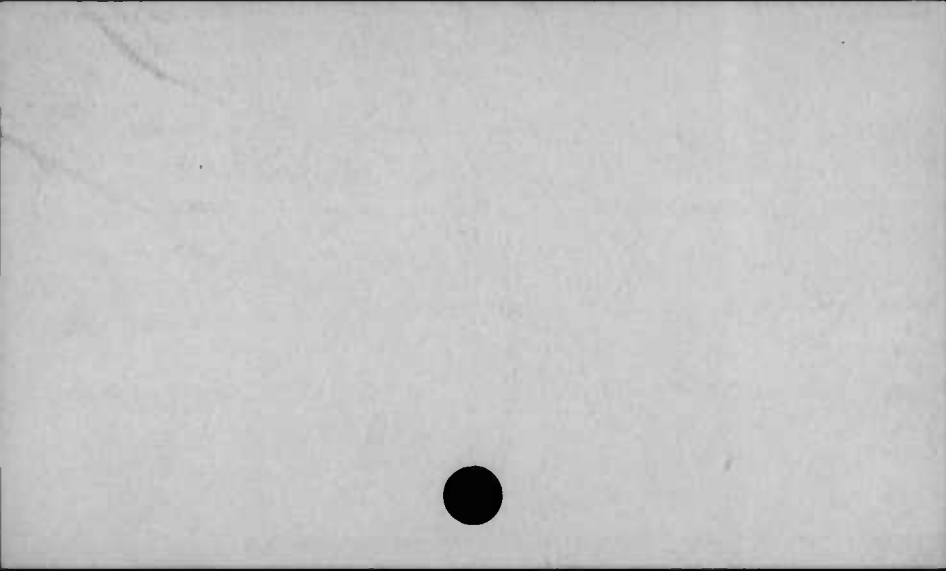
Wm. Preston Miller

Address

Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Paul Weaver Martz

Town

County

MARYLAND

Died at

Smoketown

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

6

26

Age

—

3

16

Ind

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~Number of children livingHusband
of

Wife

Father's

Name

Clarence Martz

Mother's

Maiden Name

Mary E Weaver

Cause of

Primary

Whooping Cough

Death

Immediate

Pneumonia

How long sick

Two weeks

~~Accident, Suicide, Homicide~~

Reported by

W. M. Miniser M.D.

Address

Keedsville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



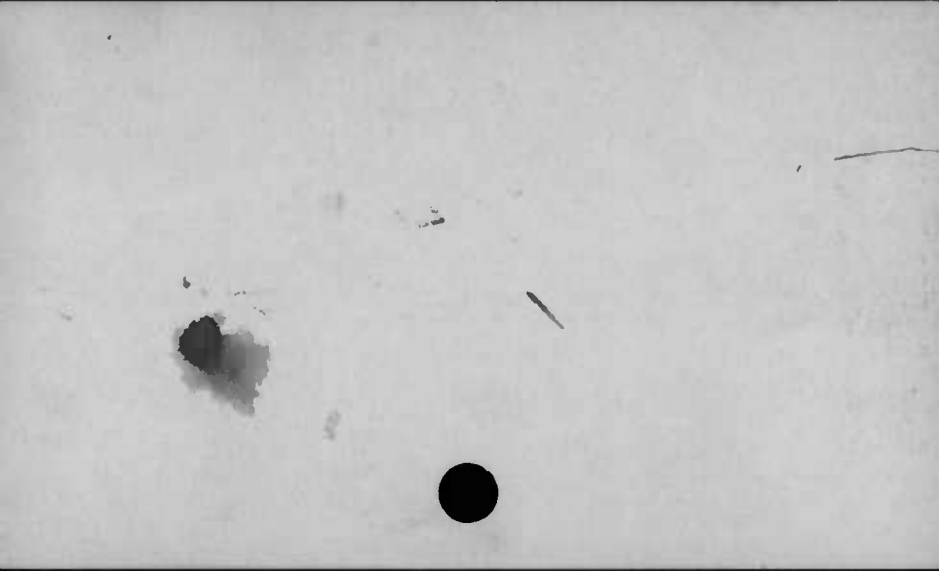
Name in Full

Ruth Irene Morgan

Certificate of Death

Died at		Town		County		MARYLAND	
Hagerstown				Washington			
Date		Month	Day	Y.	M.	D.	Native of
1902 June 10 th 1902							
Age		1-4					
Male		White		Married		Widow	
Female		Colored		Single		Divorced	
Husband of				Widower		Number of children living	
Wife							
Father's Name		Douglas Morgan		Mother's Name		Bessie Rose	
Cause of		Primary		Pertussis		How long sick	
Death		Immediate		Pneumonia (as a complication)		about 3 weeks	
Reported by		L. H. Zimmerman				Accident, Suicide, Homicide	
Address		Hagerstown		Md.			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

St Pauls,

Certificate of Death

Prudence M. Moore

92

Died at

Town Williamsport,

County

Wash.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

'6 - 19

Age 13 - 6 -

Md.

Housework

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Calvin Moore

Mother's

Maiden Name

Martha Johnson

Cause of

Primary

Suppressed Menstruation

How long sick

21 days

Death

Immediate

Accident, Suicide, Homicide

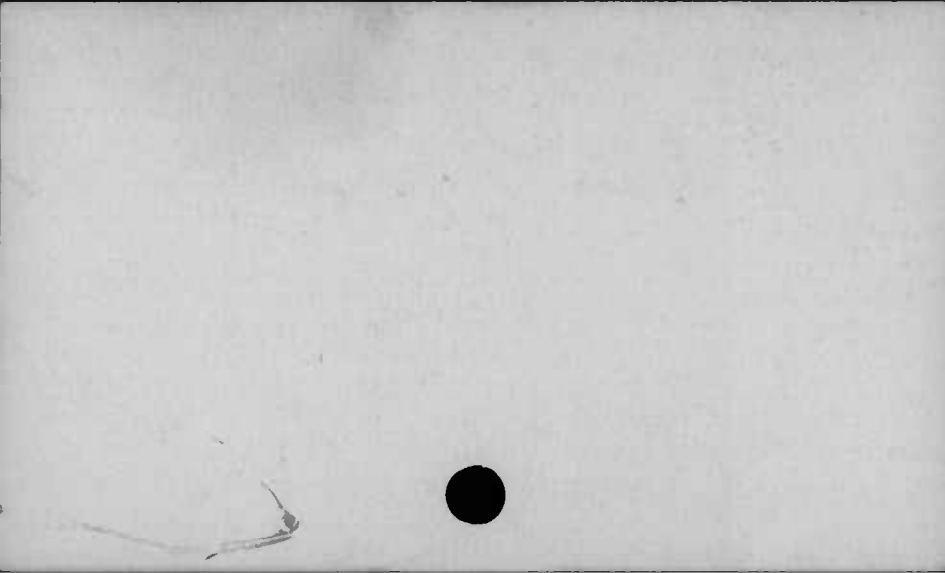
Reported by

Theo. Ruose MD

Address

Williamsport, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mrs. Susana Murray

Town

County

Died at

Hancock Coash,

MARYLAND

Date 1902 -

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 -

6, 13

Age

85, 3, 9

Md

Cancer

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Cause of

Primary

Cancer.

Death

Immediate

"

Mother's

Maiden Name

Mary Miller

How long sick

Accident, Suicide, Homicide

Reported by

Address

J. P. L. Shigars
Hancock, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Lura May Heedy
 Town County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

6 24

Age 25-

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

~~Husband~~ of

Wife

Father's

Mother's

Name

Maiden Name

*Jacob Heedy**Elizbeth Sprecher**Laura Rush*

Cause of

Primary

Pulmonary tuberculosis 6 months

How long sick

Death

Immediate

Exhaustion~~Accident, Suicide, Homicide~~

Reported by

Abram Shank M.D.

Address

*Clearspring**Washington Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary E. Poffruberger

Town

County

MARYLAND

Died at

Reedysville

Wash

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 17

Age

74-6-

Md

H. Wife

Male

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

6

Husband

of

E. Poffruberger

Wife

Father's

Name

Peter Shoman

Mother's

Maiden Name

Cash: Snively

Cause of

Primary

Heart Dis.

How long sick

2 yrs

Death

Immediate

Artery

~~Accident, Suicide, Homicide~~

Reported by

E. S. Davis

Address

Bronsboon

Md-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

David M. H. J.

Beverly,

Name
in
Full

Nettie Reed

CERTIFICATE OF DEATH

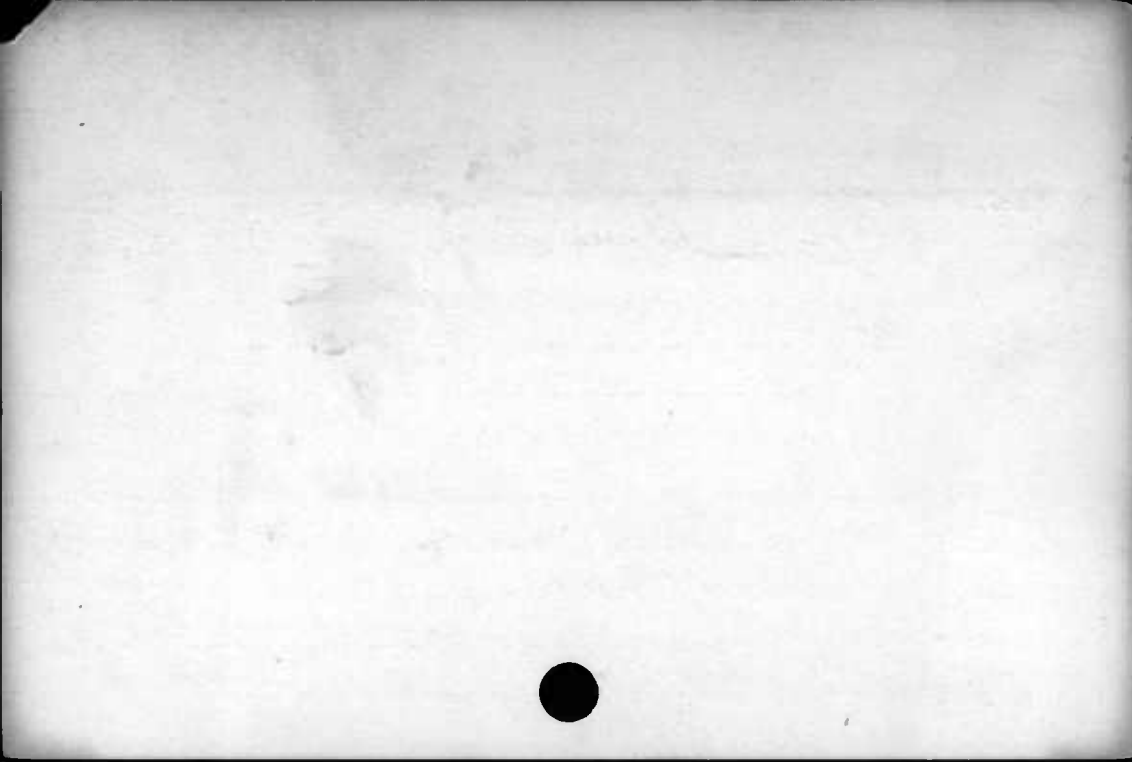
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Boonsboro		County		Washington		MARYLAND	
Date of death 1902		Month June		Day 13		Age 44		Months 9	
Sex Female		Color or Race white		Birth-place Wash. Co. Md		Years		Days 16	
Married, Single or Widowed		Single (Widow)		Occupation		Clerk			
Name of Wife or Husband		— Reed							
Father's Name		Wm. Heck		Father's Birthplace		Md			
Mother's Maiden Name		Kate Heck		Mother's Birthplace		Md			
Name of person giving information		:		:		How related to deceased		Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmon.	How long	10 mos.
Immediate	Pul. Hemorrhage	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	
Boonsboro		Signature of Physician	
		Address	
		St. S. Davis	
		Maryland	
Accident or Suicide			



Wm Robert Recker

Town

County

MARYLAND

Died at *Frederick* *Washington*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

6 27

Age

22 Maryland

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Singl~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Mother's

Name

Wm E Recker

Maiden Name

Elizabeth S. McLoey

Cause of

Primary

Whooping Cough

How long sick

One week

Death

Immediate

Stunt Pulmon

Accident, Suicide, Homicide

Reported by

C. J. Muzind

Address

Frederick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Viola Pearl Rowe

Died at

Town
Reiffs

County

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6

8

1

3

Md

Age

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

~~Wife~~
of

Father's Name Daniel Rowe

Mother's

Barbara Rose

Maiden Name

Cause of Primary

Pertussis

How long sick

7 days

Death

Immediate

Cyanosis

~~Accident, Suicide, Homicide~~

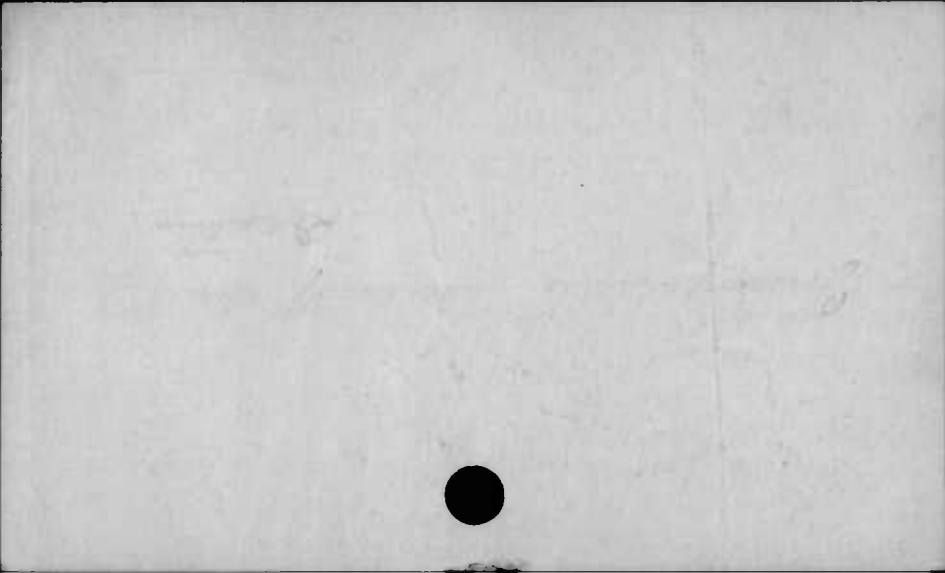
Reported by

Robert D. Christman M.D.

Address

Shelburne Rd.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

No 98

Town

County

MARYLAND

Died at

Date 1907

Month

Day

Y.

M.

D.

Native of

Occupation

June 18

Age

79 7 10

Maryland

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Six

Husband

Wife

Father's

Name

Mother's

Maiden Name

Peter Ruthsant

Peter Ruthsant

Mary Houser

Cause of

Primary

Old age

How long sick

154

2 weeks

Death

Immediate

"

Accident, Suicide, Homicide

Reported by

S. K. Snively M.D.

Address

Williamstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

L. F. pre ps.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Robert P. Sanders

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Age

27-8-11

Native of

Md

Occupation

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Excessive use of stimu-

How long sick

Death

Immediate

Laut - as found by jury

Accident, Suicide, Homicide

Reported by

Eustace Hoffman J. F.
Deputy Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608



Name in Full

Certificate of Death

Child of Daniel ^{and} Florence Saylor.

Died at Sharpsburg ^{Town} Washington ^{County} MARYLAND

Date 1902 16 ^{Month} 4 ^{Day} Age ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation}

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Daniel Saylor Mother's Name Florence Renner

Cause of Death { Primary Stillbirth Immediate } How long sick
Accident, Suicide, Homicide

Reported by J. Howell Garrison

Address Sharpsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Engene Markes.
Undertaken.

Dr. Tobias Schlosser

Town

County

Died at *Hagerstown* *Vashington* MARYLAND

Date 19*02* Month *6* Day *30* Y. *87* M. *4* D. *8* Native of *Pa* Occupation *Scientist*
 Male White Married ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living *2*

Husband of *Susannah Schlosser*
 Wife

Father's Name *John Schlosser* Mother's Maiden Name *Betsy Schlosser*

Cause of Death { Primary *Chronic Cystitis* How long sick *several years*
 Immediate *.. 12³⁰* ~~Accident, Suicide, Homicide~~

Reported by *Wm. Preston Miller*

Address *Hagerstown* *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William Taylor Shorter

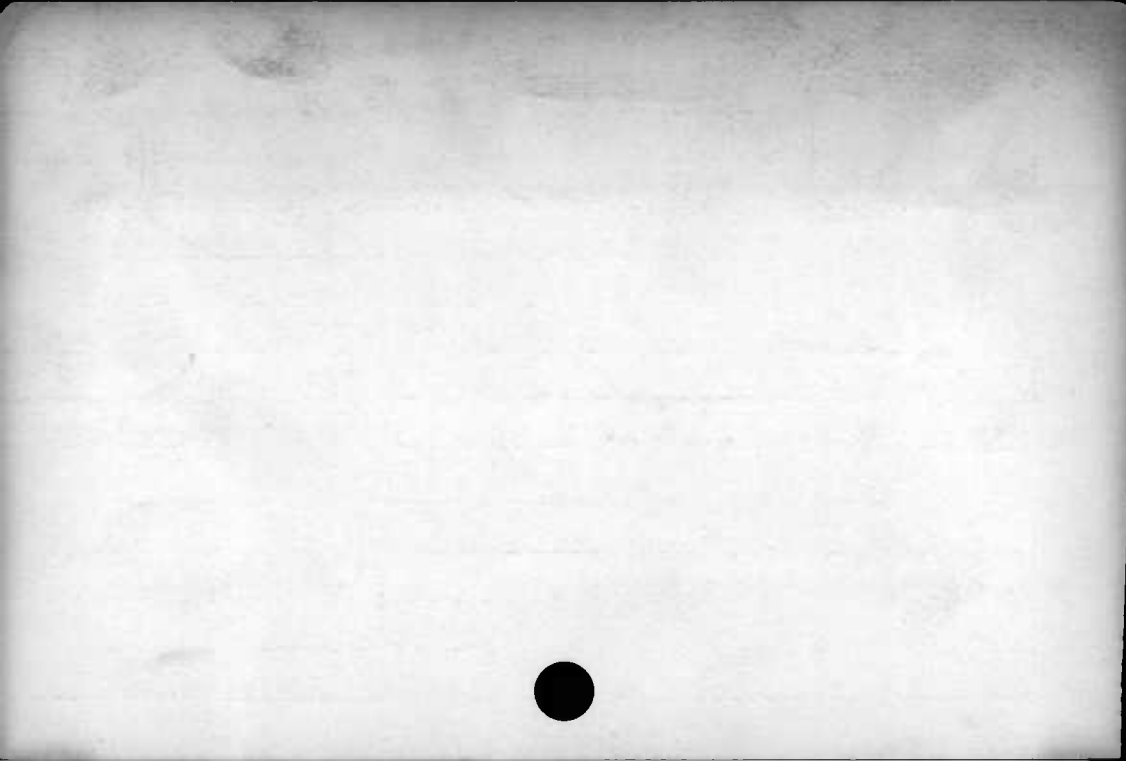
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>St James</u>		^{County} <u>Washington</u>		MARYLAND	
Date of death 190 <u>2</u> ^{Month} <u>June</u> ^{Day} <u>51</u>		^{Years} <u>13</u>		^{Months} <u>—</u>	^{Days} <u>—</u>
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>Washington Co.</u>	
Married, Single or Widowed <u>X</u>		Occupation <u>X</u>			
Name of Wife or Husband <u>X</u>					
Father's Name <u>William H. Shorter</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Bermian Diggs</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Jimmie Hank Diggs</u>			How related to deceased <u>Grandfather</u>		
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary	<u>Whooping cough</u>	How long	<u>18 mos ago</u>
Immediate	<u>Tuberculosis</u>	How long	<u>3 mos</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>[Signature]</u>	
<u>Yes</u>		Address <u>Heagistown, Md</u>	
Accident or Suicide?			



Daniel H. Smith

Town

County

Died at Rohrerstown Wash.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 6 / Age 53 Maryland Laborer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 0

Husband of Lizzie Greenawald
 Wife

Father's Name John Smith Mother's Name Mary Stoltman

Cause of Death { Primary Cancer of Stomach How long sick 6 months
 Immediate Starvation Accident, Suicide, Homicide

Reported by C. W. Baker

Address

Rohrerstown

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Peter Sophas Colored

Died at ^{Town} Clearspring ^{County} Washington MARYLAND

Date 1902 ^{Month} 6 ^{Day} 25 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Farmer

Male ~~Female~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Susan Sophas

Wife

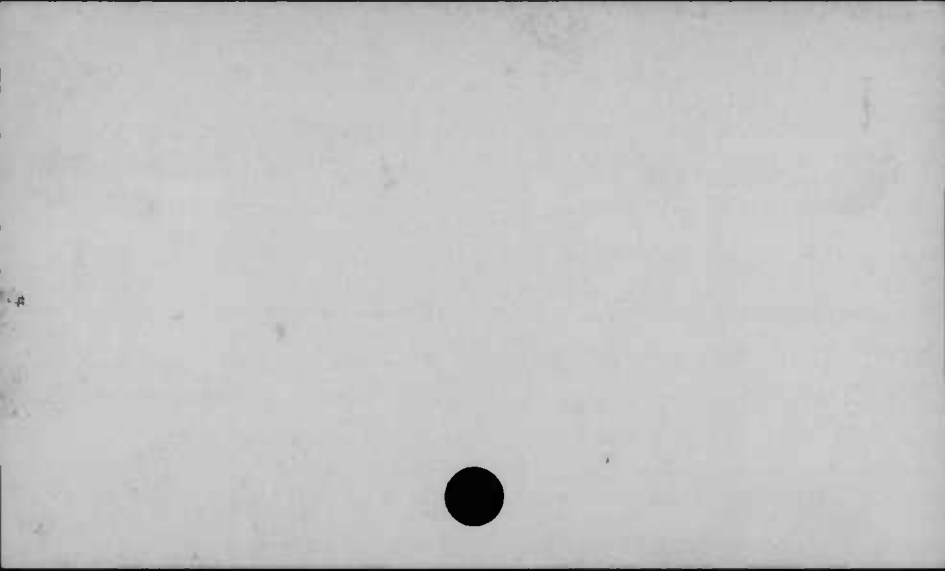
Father's Name Unknown Mother's Maiden Name Unknown

Cause of Death { Primary Pneumonia and old age One Month
Immediate Heart failure 93 ~~Accident, Suicide, Homicide~~

Reported by Abram Shank M.D.

Address Clearspring Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Neomi Spessard

Town

County

Died at

Leitersburg

was Brighton

MARYLAND

Date 1902

June 14

Age 30

Y. M. D.

Native of

Occupation

Housewife

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

3

~~Husband~~

of

Wife

Melvin Spessard

Father's

Mother's

Name

Henry Martin

Maiden Name

Ella Webb

Cause of

Primary

Pulmonary Phthisis

How long sick

8 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

G. P. Gardner, Jr.

Address

Leitersburg

Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Mary Ellen Stone

Town

County

Died at Hogestown Washington MARYLAND

Date 1907 6 13 Age 74 Y. M. D. Native of Va Occupation Housewife

Male White Married Widow Divorced

Female Colored Single Widower Number of children living Six

Husband of George W. Stone

Wife

Father's Name James Earnshaw Mother's Name Mary Malberry

Cause of Death Primary Cause of Death Carcinoma Uteri How long sick Several months

Death Immediate Exhaustion Accident, Suicide, Homicide

Reported by J. W. Scott

Address Hogestown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~

Town

Month

Day

County

Y.

M.

D.

Native of

Occupation

Age

~~Married~~~~Widow~~~~Divorced~~~~Single~~

Widower

Number of children living

MARYLAND

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75895



Name In Full

Certificate of Death

Abraham Foxell

Town

County

Died at

Hancock

Wash.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 2

Age

77 1 2

Md.

Lab

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Susan Foxell

Philip Foxell

Mary Hausholder

Cause of

Primary

Leysitis

How long sick

10 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Address

Hall Est Md

Hancock Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

